



REVIEW - EMERGENCY AYURVEDIC MANAGEMENT OF ANGINA PECTORIS (HRIDSHULA)

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ABSTRACT

Emergency is a situation that poses an immediate risk to health or life. Emergency medicine is a medical specialty involving care for patient with acute illness of injuries which requires immediate medical attention. Angina Pectoris is such an emergency condition with risk for life, if there is no treatment immediately provided. It is chest pain due to is chemia of the heart muscle generally due to obstruction or spasm of coronary artery mainly coronary artery disease. It may occur whenever there is an imbalance between myocardial oxygen supply and demand. The pain is felt retrosternal to the left of the sternum or left or right shoulder and characteristically varying intensity with movement and the phase of the respiration. In *Ayurveda* we can co relate angina with *Hridshoola*. *Sushruta* has mentioned that vitiated *Dosha* settles into heart and also vitiate *Rasa Dhatu* and generate pain in heart. In our classics symptoms resembling to Angina Pectoris are mentioned by *Acharya*, like *Mathyate* (Churning), *Tudhyate* (Pricking), *Deeryate* (tearing) and *Atyarth Vedana* (severe pain). *Vatanulomak Chikitsa* should be done to relieve exertion to avoid strain on *Hridaya*. Various kind of *Ayurvedic* formulations like *Hemgarbhapotali Rasa*, *Hridyarnava Rasa*, *Arjunarishta*, *Prabhakara Vati* etc, are mentioned for the treatment of *Hridroga* in our classics. So we can say that with the help of *Ayurveda*, we can manage emergency situation of Anginal pain.

KEYWORDS: Ayurveda, Emergency, *Hridshula*, Angina Pectoris.

INTRODUCTION:

In present scientific era the people are under wrong impression that there is no availability of emergency treatment in *Ayurveda*. Thoroughly study of *Samhita* relevant that their all ample examples of emergency conditions and their management. While describing the *Marma Charaka* has mentioned three most important *Marma* known as *Mahamarma*. *Hridaya* is one of those *Mahamarmas*.¹ It is also mentioned as *Sadhyapranhara Marma* By *Sushruta*. So any kind of injury for disease if not manage properly and timely which may lead to sudden death so it is necessary to know regarding disease affecting to the heart and its proper management. In *Ayurveda* emergency medicine is described as "*Aatyayika Chikitsa*".

Similar management has also been discussed in classics. This article attempts to define emergency management of *Hridashul* (Angina Pectoris).

AIMS AND OBJECTIVES:

To review the *Hridashul* (Angina Pectoris) and evaluate the management of the *Hridashul* with the help of *Ayurvedic* according to *Ayurveda* and Modern science

MATERIAL AND METHODS:

To fulfill the aims and objectives relevant *Ayurveda* and Modern literature, available information on internet etc. were searched.

DISCUSSION:

The main causative factor of *Hridroga* is described by *Acharya Sushruta*, *Vagaghata*: (Suppression of nature urges), *Ruksha* and *Ushna Annpa* *Atisevana*: (excessive taking *Ushna* and *Ruksha* Diet), *Viruddhahara* (consumption of incompatible diet), *Adhyashana* (over eating), *Ajirna*: (indigestion), *Asatmya Bhojana*: (unsuitable food).²

In addition *Charaka* has also mentioned *Ativyayama*: Excessive exertion, *Chinta* (Excessive worry), *Bhaya* (fear), *Trisa* (agitation), *Gadatichara* (improper treatment of disease) as causative factor of *Hridaroga*.³

Pathogenesis:⁴

In classics has described *Samprapti* of *Hridroga* and *Hridshul*, Where it has said that vitiated *Dosha* settles into heart and also vitiate *Rasa Dhatu* and generate pain in heart.

Types:

According to *Sushruta* four type of *Hridroga*:⁵ *Vataja*, *Pittaja*, *Kaphaja*, *Krimija*.

According to *Acharya Charaka* 5 type of *Hridroga*:⁶ *Vataja*, *Pitaja*, *Kaphaja*, *Tridoshaja Krimija*. Among the all type mainly *Vataja Hridaroga* can we Correlate with Angina pectoris because of similarly in symptom.

Symptoms of *Vataja Hridaroga*:⁷

Ayamayate (combining) *Tudhyate* (:Pricking) *Nirmathyate* (Churning) *Diryate*: (Tearing) *Atyartha Vedana*: (Severe pain) *Hridadrava* (Tachycardia)⁸ *Bhedana*: (

Breaking Pain)

Modern review:⁹

Angina Pectoris is the discomfort resulting from acute myocardial ischemia occurs when myocardial oxygen demand exceeds. It is due to mainly Coronary atherosclerotic, Valvular heart disease, pulmonary hypertension, systemic hypertension, Anemia-from tachycardia and reduction in O_2 availability.

Precipitating causes:

Physical exertion, heavy meal, exposure to cold, emotion and excitement particularly anxiety and anger. Other cause; staining at stool, bathing, sexual intercourse, micturition.

Type:¹⁰

1. Stable Angina Pectoris:

When there has been no change in the frequency, duration, precipitating factors or ease of relief of angina attacks during last 60 days⁹ Provided patients actively level not decreases during the period.

Most often over middle or lower sternum radiates left or right arm. Sometimes discomfort is located only in left shoulder or left arm. Most commonly it is for 1-4 minutes. may force patient to stop walking.

2. Unstable angina:

Angina on effort of recent onset (one month), Angina of effort with increasing frequency and duration and provoke by less than usual stimuli. In unstable angina myocardial is chemia results from a primary decrease in oxygen delivery rather than in increase in myocardial oxygen demand.

3. Prinzmetal's Angina:

Angina attacks occurs at rest worse in morning. It is due to coronary vasospasm accounts for episodes. Majority of patients have associated atherosclerotic coronary artery disease.

Diagnostic pointers:

The pain is felt retrosternal to the left of the sternum or left or right shoulder and characteristically varying intensity with movement and the phase of the respiration. The pain is usually sharp. In Stable angina Pectoris ECG shows ST Segment is elevated. Holter monitoring test is helpful in evaluating total ischemic burden in myocardial is chemia. In Unstable angina Pectoris ECG at rest may show ischemic changes especially in acute phase of the illness. Stress testing should be avoided. In Prinzmetal's angina ECG shows ST segment elevation and transient abnormal Q wave

Differential diagnosis:

In mitral valve prolapsed pain is sharp left side of the chest. In aortic dissection pain is severe, sharp and tearing often felt in or penetrating to back and typically very abrupt in onset. In esophageal pain can mimic that of angina very closely precipitated by exercise, may be relieved by nitrites. It is usually aggravated with changes in eating, drinking or due to esophageal reflex.

Emergency management by Ayurveda:

First of all *Vatanulomaka Chikitsa* should be done to relieve exertion to avoid strain on *Hridaya*. According to onset of pain plan for *Aushadha*: After meal pain is aggravate- give *Sheha Virechana*, At time digestion pain is aggravate give *Phala Virechana*, At a time eating/at time digestion/after digestion of food pain aggravates give *Tikshana Mool Virechana*.

According to *Charaka In Vatika Hridaroga* ;¹¹ *Tail* (Oil), *Sauviraka* (wine), *Mastu* (whey), Butter milk mixed with Salt Should be taken.

Formulations like, *Punarnavadhya Taila* for *Abhyang* , *Haritakyadi Dhrita* for *Snehana*,

Pushkarmuladi Kalka, *Trayushana Ghrita*

In *Vataja Hridaroga Sneha Karma* followed by *Vamana Karma* with *Dwipanchamula Kwatha* with *Sneha* and *Lavana*. Further treatment is *Pippali Choorna*, *Sainchav Lavana*, *Sauvarchal Lavana*, *Shunthi* and *Ajmoda Phala*. *Dhanyamala*, *Kulattha*, *Dadhi*, *Madhvasav* etc or with *Snehana* after purification. *Basti* with *Vataghna Dravya*. *Jeerna Shali Anna* with *Jangala Mansa Rasa* added with *Ghrta*.

Yoga:¹²

Some preparation describe in classics , we should preferred in *Hridashoola* condition as a emergency medicine like; *Arjuna ghrita*, *Sookshma Eladi Choorna*, *Trivritadi Choorna*, *Mrigshringa Bhasma*, *Hridyarnava Rasa*, *Prabhakar Vati*, *Chintamani Rasa*, *Vishveshvara Rasa*, *Nagarjunabhraka Rasa*, *Vallabhakama Ghrita*, *Ratnakar Rasa*, *Hemagarbhapottali Rasa*, *Trinetra Rasa* etc

CONCLUSION:

Hence it can be concluded that detailed description of *Hridashul* with its emergency management has been described in *Ayurvedic* texts. Proper and Timely diagnosis of *Hridashul* Can be managed by *Hridyavarana Rasa*, *Prabhakar Vati*, *Hemgarbhapotali Rasa*, *Trinetra Rasa*, *Mridshrunga Bhasma*.

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